L15000169236

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COVER LETTER

TO:

Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

O & S TA	AX SERVICES LLC				
SUBJECT:	Name of Lin	nited Liability Company			
The enclosed Articles of	of Amendment and fee(s) are sul	omitted for filing.			
Please return all corres	pondence concerning this matter	to the following:			
	ONEA LAGUERRE				
		Name of Person			
	O & S TAX SERVICES L	LC			
					
	931 VILLAGE BLVD SUITE 905 PMB 136				
		Address			
	WEST PALM BEACH FI	_ 33409	20		
		City/State and Zip Code	2023		
	QUICKTAXPROSGROUP	_			
		to be used for future annual report notification)			
For further information	concerning this matter, please c	all:			
ONEA LAGUERRE		561 860-3488 at ()	F1 - 23		
Name	of Person	Area Code Daytime Telephone N	umber 54		
Enclosed is a check for	the following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Cer (additional copy is enclosed) Cer	.00 Filing Fee, rtificate of Status & rtified Copy fitional copy is enclosed)		
Mailing Addra Registration	Section	Street Address: Registration Section			
Division of 0	Corporations	Division of Corporations			

Division of Corporations

Tallahassee, FL 32303

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

O & S TAX SERVICES LLC		
(Name of the Limited Liability Comp. (A Florida Limited	iny as it now appears on our recor Liability Company)	<u>'ds.</u>)
he Articles of Organization for this Limited Liability Company	were filed on 10/05/2015	and assigned
lorida document number L15000169236		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	ility company here:	
ne new name must be distinguishable and contain the words "Limited Liabi	hity Company," the designation "LL	C" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		023 SF
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		-1.24 CT
		<u> </u>
If amending the registered agent and/or registered office a ent and/or the new registered office address here:	address on our records, <u>ente</u> r	the name of the new regis
care and or the new registered office address fiere.		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	ss
		lorida
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	STEVE SENOR	931 VILLAGE BLVD SUITE 905 PMB 136	□Add
		WEST PALM BEACH, FL 33409	= Remove
			□Change
			🗆 Add
			□Remove
			□Change
			Add
		7:	Remove Change
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